



## VERMONT FUEL ASSISTANCE ELIGIBILITY REVIEW

Answer all the questions. Write N/A if a question doesn't apply. Use a separate sheet of paper if you need more room. PLEASE PRINT.

Name	Social Security Number
Mailing Address (Street, PO Box, Town, State, and Zip)	Home Phone (with area code)
Physical Address if Different (Street, House Number, Town, State, and Zip)	Day/ Message Phone (with area code)

**1. List anyone living in your home. This includes you, your spouse or civil union partner, children, other relatives, roommates, roomers and boarders, caregivers, companions, and friends. If you need more room, attach another sheet of paper.**

Name	Social Security Number	Sex (M/F)	Date of Birth	Relationship
SELF:				SELF

**Please answer all of the following questions about the people listed above.**

- 2. Do you rent a room to someone in your home?** ☐ Yes ☐ No  
If yes, name of roomer \_\_\_\_\_ How much do they pay you for room rent? \$ \_\_\_\_\_ per month.
- 3. If you are 60 or older or have a disability, does someone live with you to provide care or services?** ☐ Yes ☐ No  
If yes, name \_\_\_\_\_  
Type of care: ☐ Medically-necessary personal care ☐ Homemaker/caretaker or companionship services
- 4. Is anyone listed in Question #1 a full-time college student?** ☐ Yes ☐ No  
If yes, name \_\_\_\_\_ Where does he/she live while attending classes? \_\_\_\_\_
- 5. Check the box that best describes your living situation.**  
☐ I own my home ☐ I rent my home or apartment and pay \$ \_\_\_\_\_ per month ☐ I have a life lease to live in my home  
☐ I rent a room in the home of \_\_\_\_\_ and pay \$ \_\_\_\_\_ per month ☐ Other \_\_\_\_\_  
 please describe
- 6. Who pays the cost of heating your home?**  
☐ Heat is included in my rent ☐ I pay the cost directly to my fuel supplier  
☐ My landlord bills me for ALL fuel I use (NOTE: if landlord bills you, a form will be sent to you for completion by your landlord.)
- 7. Type of housing?** ☐ Single-family house ☐ Mobile home ☐ Apartment ☐ Other \_\_\_\_\_  
 please describe
- 8. How many bedrooms do you have (even if not presently used as bedrooms)?** \_\_\_\_\_
- 9. What is your MAIN type of fuel used to HEAT your home? (check only one)**  
☐ Wood ☐ Pellets ☐ Electric\* ☐ Oil ☐ Bottled or propane gas ☐ Natural gas ☐ Kerosene ☐ Coal  
 \* If electric heat, we may verify this with your electric service provider
- 10. Is your rent based on your income?** ☐ Yes ☐ No  
 If yes, which housing program? ☐ Section 8 ☐ Public Housing ☐ Subsidized Housing ☐ Other \_\_\_\_\_

**If you heat with firewood or pellets, do not complete question 11.**

11. If you pay the cost of heat yourself (or the landlord bills you) you MUST complete the following:		
Name of Fuel or Energy Supplier	Name on Account	Account Number
Address		Phone Number

12. Income Information: If anyone has income from a job, complete this section.

JINC

First Name	Initial	Date paid	Hours Worked	Hourly Rate	Income before deductions	Tips & Commissions
How often paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
Name and phone number of employer				\$	\$	\$
				\$	\$	\$

First Name	Initial	Date paid	Hours Worked	Hourly Rate	Income before deductions	Tips & Commissions
How often paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
Name and phone number of employer				\$	\$	\$
				\$	\$	\$

13. Does anyone have self employment income (e.g., farming, home party sales, logging, rental income)? ☐ Yes ☐ No  
If yes, **YOU MUST** send copies of your most recent federal tax return, including all forms and schedules. If you have not filed taxes, send a statement of business income and expenses for the past three months.

14. Does anyone have unearned income? ☐ Yes ☐ No If yes, fill in the name of the recipient and the GROSS monthly amount before any deductions such as Medicare premiums, taxes, insurance, child support, or union dues.

Type of Unearned Income Received	Name (s)	Amount Per Month
Social Security		\$
Supplemental Security Income (SSI)		\$
Veteran's Benefits		\$
Unemployment Compensation		\$
Worker's Compensation		\$
Child Support and/or Alimony		\$
Interest/Dividends		\$
Retirement		\$
Adoption Subsidy		\$
Rental Income		\$
Other		\$

I agree to report all changes, including but not limited to: physical or mailing address, members of my household, housing, heating, and income. If I knowingly give false or misleading information, I understand I can be taken to court for fraud and if found guilty, may be fined, jailed, or both; may have to pay back any extra benefits received; and be disqualified from receiving future assistance.

Signature of applicant \_\_\_\_\_ Date\_\_\_\_\_

Person helping fill out this form:

Printed NameSignatureDate

Phone NumberRelationship or Agency Name